

File with:
Iowa Ethics and Campaign
Disclosure Board
610 E. 12th St. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

2008 JUL 15 AM 9:40

COMMITTEE NAME (Must be same as on Statement of Organization)

Beard for State House

IMPORTANT: Indicate by # type of committee you are reporting for:

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC
(11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

John Beard

Political Party (if applicable)

Democratic

Office Sought

IA State House

District (if Senate or House)

16

FORM
DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

1736

Logged in

Scanned

Computer

Audited

5 pages

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Donna Rae Ibanez
SIGNATURE OF PERSON FILING REPORT

563-382-6222
TELEPHONE

7-17-08
DATE SIGNED

I AM FILING A

July 19, 2008
(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # ☒ (1)

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 1804.43

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

4525.00

Schedule F: Loans Received total (Attach Schedule F)

0

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

6329.43

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

2456.04

Schedule F: Loan Repayments total (Attach Schedule F)

0

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 3873.39

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

50.00

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

0

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE	MONETARY RECEIPTS
A (Rev. 07/03)	
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)*Beard for State House*

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND RAISER INCOME
5/29/08	ID# CHK#	Daniel Beard 2954 Middle Saddle Rd Decorah, IA 52101	Brother	300.00	<input checked="" type="checkbox"/>
5/29/08	ID# CHK#	Bill Kalishak 201 Monroe St Decorah, IA 52101		200.00	<input checked="" type="checkbox"/>
5/31/08	ID# CHK#	William M. Musser 2458 River Rd. Decorah, IA 52101		100.00	<input checked="" type="checkbox"/>
6/2/08	ID# CHK#	Ronald M. Narvaag 30361 Oak Lane Cannon Falls, MN 55009		50.00	<input checked="" type="checkbox"/>
6/3/08	ID# CHK#	Beanda A. Barrett 2260 Rudy Rd Harrisburg, PA 17104	Cousin	100.00	<input checked="" type="checkbox"/>
6/11/08	ID# CHK#	Joyce Epperly 1007 Ridge Rd Decorah, IA 52101		25.00	<input checked="" type="checkbox"/>
6/22/08	ID# CHK#	Nicholas Rowley 2415 Tamarack Dr Decorah, IA 52101		3000.00	<input checked="" type="checkbox"/>
6/24/08	ID# CHK#	James ULRing 909 Pleasant Ave Decorah, IA 52101		200.00	<input checked="" type="checkbox"/>
6/24/08	ID# CHK#	Gail Keefe 1783 Old Stage Rd Decorah, IA 52101		250.00	<input checked="" type="checkbox"/>
8/28/08	ID# CHK#	Ben Grimstad 1404 Laurel Dr. Decorah, IA 52101		100.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$4325.00

TOTAL (If last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Beard for State House

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS☐ CHECK THIS BOX IF
AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
6/28/08	ID# CK#	Joe Grimstad 202 E. Water St. Des Moines, IA 52101		\$ 100.00	<input checked="" type="checkbox"/>
7/5/08	ID# CK#	Brenda A. Barrett 2260 Rudy Rd Harrisburg, PA 17104	Cousin	100.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 200.00

TOTAL (If last page of this schedule)

\$ 4525.00 ✓

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(for Schedule A)

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FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Beard for State House

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5/29/08	ID# CK#	Bear Creek Print Box 347 Cresco, IA 52101	146 sheets B/W Labels 64 sheets B/W & color copies	\$88.72
6/7/08	ID# CK#	Wennes Communications 501 W. Water Decorah IA 52101	RADIO ADS	177.00
6/11/08	ID# CK#	K DEC Box 27 Decorah IA 52101	RADIO ADS	76.00
6/8/08	ID# CK#	News Publishing Box 286 Waukon IA 52172	Newspaper ADS	498.70
6/11/08	ID# CK#	John Beard 2076 STAT HWY 9 Decorah IA 52101	Yard Signs \$670.76 overnight prints \$63.70 Waukon ADS 74.50 Campaign Meals 50.76	1459.72
6/15/08	ID# CK#	Derek Lee 165 S. Fremont ST LEWISTON, MN 55952	website Maintenance	90.00
7/5/08	ID# CK#	New Publishing Co. Box 286 Waukon, IA 52172	Thank you ADS Waukon News	141.90
1/08	ID# CK#			
SUB-TOTAL				\$2456.04
TOTAL (If last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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1 of 1

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Beard for State House

SCHEDULE
E
(Rev. 06/97)IN-KIND
CONTRIBUTIONS☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (If applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
5/20/08	Tom Hustvet 1648 Silver Wood Lane Waukon, IA 52172		Painted store front in Waukon for signs	\$ 50.00	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$ 50.00

TOTAL (If last
page of this
schedule)

\$ 50.00

1 of 1

*Disclosure law requires candidates to disclose the relationship of any relative making an in-kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 2
(for Schedule E)